UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUERT FOR PATENT FEE REFUND						
1 Date of Request: 7-1/-05 2 Serial/Patent # 10/520018						
3 Please refund the following fee(s):		4 PAI NUM	ER IBER	5	DATE FILED	6 AMOUNT
Filing						\$ 100
Amendment			_			\$
Extension of Time						\$
Notice of Appeal/Appeal				<u> </u>		\$
Petition						\$
Issue						\$
Cert of Correction/Terminal Disc.						\$
Maintenance						\$
Assignment						\$
Other						\$
		7 TOTAL AMOUNT OF REFUND			\$ 100	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment	<u> </u>		C	red	it Dep	osit A/C #:
Duplicate Payment			9		<u> </u>	
No Fee Due (Explanation):						
Credit Card Retund						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: John Induson TITLE: Paraleal Specialis, SIGNATURE: Phone: 308-9140 est 211						
SIGNATURE:						
office: PcT - Do/Go						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED:		DATI	E: _			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B